

109TH CONGRESS
2D SESSION

H. R. 5940

To direct the Secretary of Health and Human Services to conduct or support a comprehensive study comparing total health outcomes, including risk of autism, in vaccinated populations in the United States with such outcomes in unvaccinated populations in the United States, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JULY 27, 2006

Mrs. MALONEY (for herself, Mr. OSBORNE, and Mr. HINCHEY) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To direct the Secretary of Health and Human Services to conduct or support a comprehensive study comparing total health outcomes, including risk of autism, in vaccinated populations in the United States with such outcomes in unvaccinated populations in the United States, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Comprehensive Com-
5 parative Study of Vaccinated and Unvaccinated Popu-
6 lations Act of 2006”.

1 **SEC. 2. FINDINGS.**

2 The Congress finds as follows:

3 (1) Securing the health of the Nation's children
4 is our most important concern as parents and stew-
5 ards of the Nation's future.

6 (2) The Nation's vaccine program has greatly
7 reduced human suffering from infectious disease by
8 preventing and reducing the outbreak of vaccine-pre-
9 ventable diseases.

10 (3) Total health outcomes are the best measure
11 of the success of any public health effort, including
12 security from both chronic and infectious disease.

13 (4) Childhood immunizations are an important
14 tool in the pursuit of childhood health.

15 (5) The number of immunizations administered
16 to infants, pregnant women, children, teenagers, and
17 adults has grown dramatically over recent years.

18 (6) The incidence of chronic, unexplained dis-
19 eases such as autism, learning disabilities, and other
20 neurological disorders appears to have increased dra-
21 matically in recent years.

22 (7) Individual vaccines are tested for safety, but
23 little safety testing has been conducted for inter-
24 action effects of multiple vaccines.

25 (8) The strategy of aggressive, early childhood
26 immunization against a large number of infectious

1 diseases has never been tested in its entirety against
2 alternative strategies, either for safety or for total
3 health outcomes.

4 (9) Childhood immunizations are the only
5 health interventions that are required by States of
6 all citizens in order to participate in civic society.

7 (10) Public confidence in the management of
8 public health can only be maintained if these State
9 government-mandated, mass vaccination programs—

10 (A) are tested rigorously and in their en-
11 tirety against all reasonable safety concerns;
12 and

13 (B) are verified in their entirety to produce
14 superior health outcomes.

15 (11) There are numerous United States popu-
16 lations in which a practice of no vaccination is fol-
17 lowed and which therefore provide a natural com-
18 parison group for comparing total health outcomes.

19 (12) No comparative study of such health out-
20 comes has ever been conducted.

21 (13) Given rising concern over the high rates of
22 childhood neurodevelopmental disorders such as au-
23 tism, the need for such studies is becoming urgent.

1 **SEC. 3. STUDY ON HEALTH OUTCOMES IN VACCINATED**
2 **AND UNVACCINATED AMERICAN POPU-**
3 **LATIONS.**

4 (a) IN GENERAL.—The Secretary of Health and
5 Human Services (in this Act referred to as the “Sec-
6 retary”) , acting through the Director of the National In-
7 stitutes of Health, shall conduct or support a comprehen-
8 sive study—

9 (1) to compare total health outcomes, including
10 risk of autism, in vaccinated populations in the
11 United States with such outcomes in unvaccinated
12 populations in the United States; and

13 (2) to determine whether vaccines or vaccine
14 components play a role in the development of autism
15 spectrum or other neurological conditions.

16 (b) QUALIFICATIONS.—With respect to each investi-
17 gator carrying out the study under this section, the Sec-
18 retary shall ensure that the investigator—

19 (1) is objective;

20 (2) is qualified to carry out such study, as evi-
21 denced by training experiences and demonstrated
22 skill;

23 (3) is not currently employed by any Federal,
24 State, or local public health agency; and

25 (4) is not currently a member of a board, com-
26 mittee, or other entity responsible for formulating

1 immunization policy on behalf of any Federal, State,
2 or local public health agency or any component
3 thereof;

4 (5) has no history of a strong position on the
5 thimerosal controversy; and

6 (6) is not currently an employee of, or other-
7 wise directly or indirectly receiving funds from, a
8 pharmaceutical company.

9 (c) TARGET POPULATIONS.—The Secretary shall
10 seek to include in the study under this section populations
11 in the United States that have traditionally remained
12 unvaccinated for religious or other reasons, such as Old
13 Order Amish, members of clinical practices (such as the
14 Homefirst practice in Chicago) who choose alternative
15 medical practices, and practitioners of anthroposophic life-
16 styles.

17 (d) TIMING.—Not later than 120 days after the date
18 of the enactment of this Act, the Secretary shall issue a
19 request for proposals to conduct the study required by this
20 section. Not later than 120 days after receipt of any such
21 proposal, the Secretary shall approve or disapprove the
22 proposal. If the Secretary disapproves the proposal, the
23 Secretary shall provide the applicant involved with a writ-
24 ten explanation of the reasons for the disapproval.

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